\h_ ' — \				Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECORD . 09/92/832							
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALI TYPE	ENTITY	ОЯ	OTHER SMALL	
TOTAL CLAIMS	37		RAT	E FEE	1	RATE	FEE
FOR 08/03/01	NUMBER FILED	NUMBER EXTRA	BASIC	FEE 355.00	OR	Basic Fee	710.00
TOTAL CHARGEABLE CLAIMS	37 minus 20= ' 77		XS 9		ОЯ	X\$18=	306
INDEPENDENT CLAIMS	5 minus 3 = 🚓		X40		OR	X80=	160
MULTIPLE DEPENDENT CLAIM PRESENT			+135	-	OR	+270=	
* If the difference in column 1 is less than zero, enter "O" in column 2				u.	OR	TOTAL	1FES
(Column 1) (Column 2) (Column 3)				LL ENTITY	OR	OTHER SMALL	
CLAIMS REMAINING AFTER AMENDMENT Total Independent 3	NUM PREVI	LEST BER PRESENT	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total · 38	Minus 3	7 . 1	X\$ 9	-	OR	XS18=	50
Independent · 3	Minus 5	5 "	X40-		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				_			
				-	OR	+270=	
04/21/05				EE	09	TOTAL ADDIT. FEE	50.
(Column 1)		mn 2) (Column 3)					
B REMAINING	NUI PREVI	BER PRESENT	RATE	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
Total - 38	Minus . 7	8 . 6	XS 9		OR	XS18#	
AFTER AMENDMENT Total . 38 Independent . 3	Minus	5 = -J	X40=		OR	. X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					OR	+270=	
BEST AVAILABLE COPY TOYAL ADDIT. FEE						TOTAL ADDIT. FEE	æ
9-15-05 (Column 1)	(Colu						
CLAIMS REMAINING AFTER AMENDMENT	HIGH NUM PREVI	IBER PRESENT OUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AFTER AMENDMENT Total Independent - 2	Minus 3	8 - 0	X\$ 9:		OR	XS18=	
Independent - 3	Minus C	" "	X40=		OR	X80=	
FIRST PRESENTATION OF M	ULTIPLE DEPENDENT	TCLAIM	+135		OR	+270=	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ""If the "Highest Number ""-relicusty Paid For" IN THIS SPACE is less than 3, enter "3."					OR	TOTAL ADDIT. FEE	
The Trighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							

FORM PTO-075